



2024 Comprehensive Hospital Increase Reimbursement Program (CHIRP) Enrollment Application

The Texas Health and Human Services Commission (HHSC) announces enrollment for the Comprehensive Hospital Increase Reimbursement Program (CHIRP) for the eligibility period covering September 1, 2023 – August 31, 2024.

This enrollment application will close Wednesday, February 21, 2023, at 11:59 p.m.

CHIRP is a statewide program that provides for increased Medicaid payments to hospitals for inpatient and outpatient services provided to Medicaid recipients. For more information visit the CHIRP website.

Participation

To be eligible to participate in CHIRP, in accordance with 1 Tex. Admin. Code §353.1306, a provider must provide inpatient and/or outpatient hospital services to Medicaid recipients. Please answer the questions below to enroll in CHIRP for the program year beginning September 1, 2023, and indicate whether your hospital will participate in the optional Average Commercial Incentive Award (ACIA) program component. An individual hospital may choose to participate in CHIRP even if other hospitals in the hospital's class do not participate in the program. Please submit one response for each acute hospital National Provider Identifier/CMS Certification Number (NPI/CCN), and do not submit a response for any sub-providers.

Apply for CHIRP

The application is comprised 29 questions. The application must be submitted by 11:59 p.m. on February 21, 2023. No extensions beyond that due date will be awarded, and any application submitted after that due date will not be accepted.

The contact information provided within this application will be used for further communications. Once the application period is complete, HHSC will process the applications and send follow-up communication. For questions about CHIRP, please visit the CHIRP webpage: <https://pfd.hhs.texas.gov/hospitals-clinic/hospital-services/comprehensive-hospital-increase-reimbursement-program>. For questions regarding the content of the application, please email PFD_Hospitals@hhsc.state.tx.us with "CHIRP Application" in the subject line.

A confirmation email will NOT be sent when the survey is completed and submitted. After submitting the survey, please print the confirmation page for your records.

Commercial Insurance Criteria:

-Commercial insurance should include data from group health plans, self-insured plans, and managed care organizations (non-governmental plans).

- Commercial insurance data should include inpatient discharges and outpatient services provided during the hospital fiscal year ending in calendar year 2021. All providers participating in CHIRP must submit commercial insurance data, regardless of whether they choose to participate in the optional ACIA component of CHIRP.
- All information provided must relate only to services covered by commercial insurance.
- Do not include information for services paid by a combination of commercial insurance and other payors (Medicaid, Medicare, Champus, etc.).
- Exclude claims where the payment was \$0 or entirely denied.
- Include payments and charges only for encounters that have been fully adjudicated; exclude payments and charges for encounters that are going through the adjudication process.
- Include payments and charges associated with copays and deductibles associated with commercial insurance, but not for persons who are wholly self-pay.
- Commercial insurance data should not include settlements, such as motor vehicle or worker's compensation, government plans (Medicare, Medicaid, etc.), self-pay/uninsured, or international coverage linked to other countries or provider-to-provider contracts.

1. Hospital Name *

Hospital Information

2. Primary Contact Name *

Hospital Information

3. Primary Contact Phone Number *

Hospital Information

4. Primary Contact Email Address *

Hospital Information

5. Secondary Contact Name *

Hospital Information

6. Secondary Contact Phone Number *

Hospital Information

7. Secondary Contact Email Address *

Hospital Information

8. Hospital 10-digit National Provider Identifier (NPI) *

Hospital Information: if you have multiple billing NPIs, please separate values with a comma.

9. Hospital 6-digit CMS Certification Number (CCN) *

Hospital Information

10. Hospital 9-digit Texas Provider Identifier (TPI) *

Hospital Information

11. Do you want to participate in CHIRP from September 1, 2023 - August 31, 2024 (SFY 2024)? *

HHSC will collect an application fee of \$8,500 for FY2024 for CHIRP to defray the cost of administering the program. This application fee will apply to all non-public hospitals choosing to participate in the program. As outlined in 1 Tex. Admin. Code 353.1301(l), "To the extent authorized under state and federal law, HHSC will collect the state's cost of administering a program authorized under this subchapter from participants in the program generating the costs."

Payment of the application fee is due at the time of the submission of the application. . If payment is not received on or before 11:59 p.m. on February 22, 2023, your hospital application will be removed and you will be ineligible to participate in CHIRP in FY 2024.

Payment must be made in the manner determined by HHSC and in compliance with payment instructions that will be posted on the HHSC Provider Finance Department website.

☐ Yes☐ No

12. Are you a non-public hospital? *

A non-public hospital is defined as a hospital that is owned by any entity other than a unit of the local, state, or federal government.

☐ Yes

☐ No

13. As a non-public hospital, I certify that I understand that I will be removed from CHIRP if I do not submit the application fee by the deadline. *

☐ Certify

14. By checking this box, I certify that I understand that as a condition of participation in CHIRP, I will be required to report on all measures. I understand that failure to report on any measures will make me ineligible to participate in CHIRP, and any funds that I have received for state fiscal year 2024 may be subject to recoupment. Detailed information on the proposed CHIRP measures and requirements is available at <https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-directed-payment-programs/comprehensive-hospital-increase-reimbursement-program-chirp>. *

☐ Certify

15. By checking this box, I certify that I understand that for process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care (STAR and STAR+PLUS), Other Medicaid, Uninsured, and All Payer. *

☐ Certify

16. By checking this box, I certify that I understand that I must serve at least one Medicaid Managed Care recipient in each reporting period to be eligible for payment. *

☐ Certify

17. By checking this box, I certify that I understand the information I provide may be published at the provider level in interim or final reports to the Centers for Medicare and Medicaid Services (CMS) or provided to the public as required by the Texas Public Information Act. This information may include the Average Commercial Reimbursement (ACR) gap or the ACR Upper Payment Limit (UPL). *

☐ Certify

18. By checking this box, I certify, as the entity that owns the hospital, that no part of any payment made under CHIRP will be used to pay a contingent fee. I also certify that the entity's agreement with the hospital does not use a reimbursement methodology containing any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program, including the hospitals' receipt of CHIRP funds. *

☐ Certify

19. Are you a sponsoring governmental entity? *

☐ Certify

20. As a sponsoring governmental entity, which class or classes of hospitals do you wish to support through IGTs of public funds? This information will be used to calculate suggested IGT responsibilities. *

- ☐ Children's Hospitals
- ☐ Rural Hospitals
- ☐ State-Owned Non-IMD Hospitals
- ☐ Urban Hospitals
- ☐ Non-State-Owned IMDs
- ☐ State-Owned IMDs

21. Do you want to participate in the Average Commercial Incentive Award (ACIA) component? *

ACIA is an optional program component. **However, all providers, regardless of participation in the ACIA component, will be required to submit necessary data for the HHSC – Provider Finance Department to calculate the ACR gap.** The ACR information is due at the time of application and required for participation in the program by the Centers for Medicare and Medicaid Services (CMS). If ACR data is NOT received by the deadline for submission of the application, February 22, 2023, your hospital application will be removed and you will be ineligible to participate in CHIRP in FY2024. The ACR gap is the difference between what an average commercial payor is estimated to pay for services and what Medicaid actually paid for the same services. A Medicare UPL-like demonstration will be created using ACR data in place of Medicare data to determine the difference between ACR and current Medicaid program rates. This ACR UPL-like demonstration will not be shared in any calculation sent to providers. A hospital is required to maintain all supporting documentation at the hospital for any information provided for the calculation of the ACR gap for a period of no less than five years from the date of application.

- ☐ Yes
- ☐ No

22. The total hospital inpatient charges related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

23. The total hospital inpatient payments related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

24. The total hospital inpatient days related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

25. The total number of inpatient stays related to services paid by commercial insurance companies. *

Inpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

26. The total hospital outpatient charges related to services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

27. The total hospital outpatient payments related to services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

28. The total number of outpatient claims for services paid by commercial insurance companies. *

Outpatient ACR Information for the hospital fiscal year ending in calendar year 2021

The value must be a number

29. Please check the box below if you believe the information you are providing is confidential. *

HHSC understands that certain information provided on this form may fall within the exception to the Texas Public Information Act described by Section 552.110, Government Code (Exception: Confidentiality of Trade Secrets; Confidentiality of Certain Commercial or Financial Information). If the information provided on this form may contain trade secrets or commercial or financial information covered by Section 552.110, Government Code, please check this box.

☐ Confidential

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